

MEDICAID FACTSHEET

HOSPICE SERVICES

Hospice Expenditures
as % of Total Hosp/Med Exp:
SFY98: 0.34%
SFY99: 0.27%
SFY00: 0.29%
SFY01: 0.31%
SFY02: 0.34%

Definition:

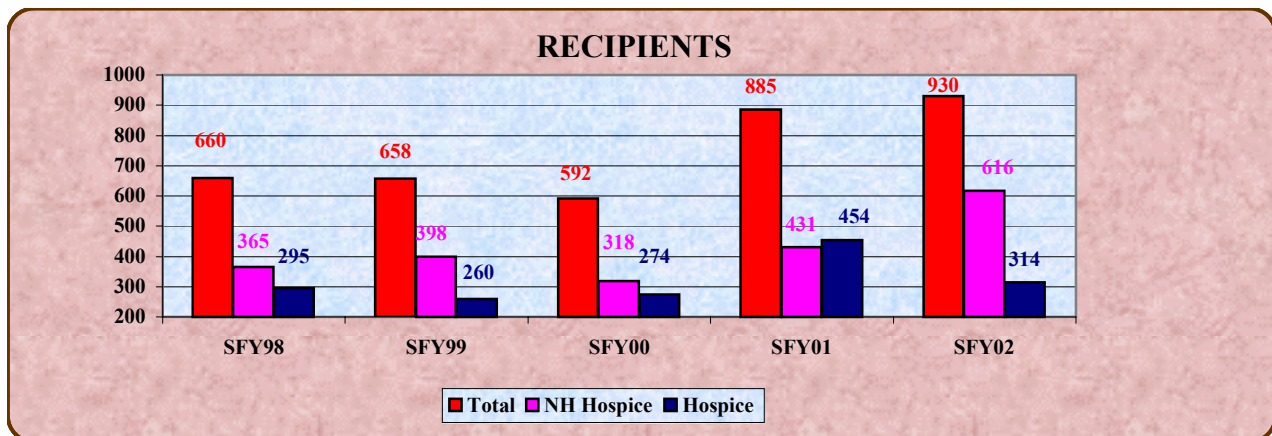
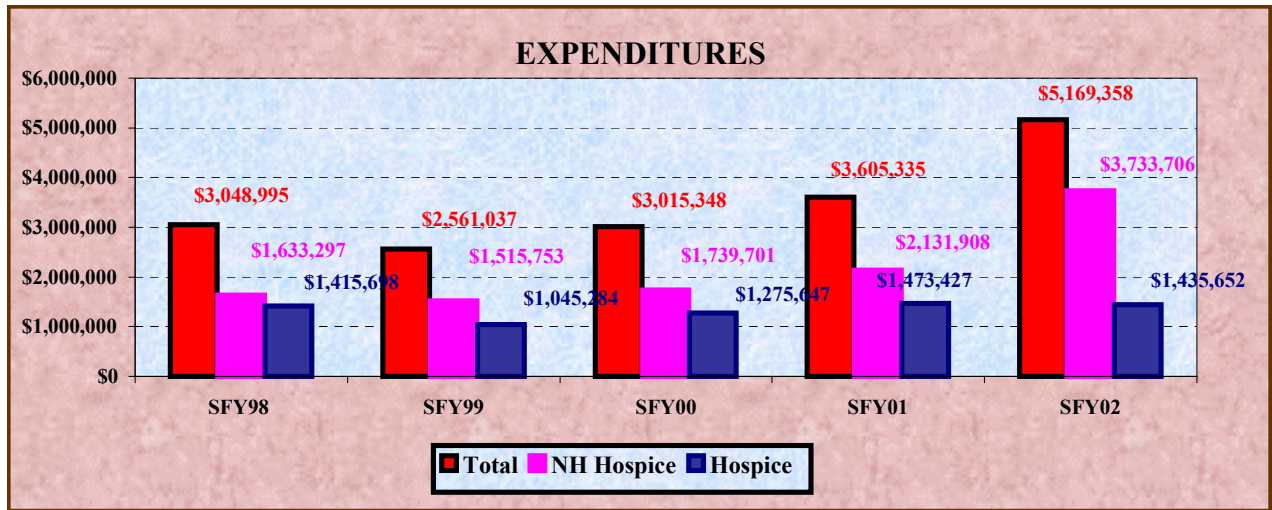
Hospice is a continuum of care, directed by professionals, designed to meet the needs & desires of those who are terminally ill & for whom curative medicine has exhausted its possibilities. Hospice services are reasonable & medically necessary services,

Eligibility:

- * Patients of all ages are eligible; Dual eligibles must reside in a Nursing Facility
- * Patient must have terminal illness with life expectancy of six months or less
- * Patients elect to receive hospice services instead of certain other Medicaid Benefits
- * Hospice services must be provided primarily in patient's residence

A patient may elect to receive hospice services in a nursing facility under specific agreement; or, in a hospital or nursing facility if the facility is an enrolled Medicaid Hospice provider. Hospice providers must have an interdisciplinary staff and volunteer assistants. Volunteer hours must be equivalent to at least five percent of the total compensated patient care hours.

Reimbursable Hospice Services: nursing care; social workers; physician services; counseling services to patient/family/care givers; medical appliances & supplies including drugs; home health aide services; certain physical, occupational & speech therapy services; continuous home care during crisis period; inpatient respite care; general inpatient care



Source: DSS Reports; Medicaid Statistical Reports; Medicaid Provider Manual